FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: June 30,2008
Estimated average burden
hours per response.....16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY | | | | | | | | | |
|--------------|-------------|------|--|--|--|--|--|--|--|
| Prefix | Si | rial | | | | | | | |
| | 1 | | | | | | | | |
| DA | TE RECEIVED | | | | | | | | |
| | | | | | | | | | |

| Cavan Short-Term Income Fund, L.L.C. Mem | |) [] ULOE Agen SEE |
|--|--|--|
| Filing Under (Check box(es) that apply): Rule Type of Filing: New Filing Amendment | e 504 Rule 505 Rule 506 Section 4(6 |) □ ULOE Mail Processing Section |
| | A. BASIC IDENTIFICATION DATA | CEB - |
| 1. Enter the information requested about the issuer | | 96P 052008 |
| Name of Issuer [check if this is an amendment | and name has changed, and indicate change.) | A |
| Cavan Short-Term Income Fund, L.L.C. | | Washington, DC |
| Address of Executive Offices | (Number and Street, City, State, Zip Code) | Telephone Number (Intuiting Area Code) |
| 15333 North Pima Road, Suite 305, Scottsdale | e, AZ 85260 | (480) 627-7000 |
| Address of Principal Business Operations if different from Executive Offices) | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| | PROCESSED | |
| Brief Description of Business | the Comments sinks and newform the Comme | |
| To enter into a Loan Agreement and exercise | the Company's Kens and pendom the Compa | any's obligations thereunder. |
| Type of Business Organization | TION IOON DELITEDO | |
| corporation limited | | please specify): |
| business trust limited | partnership, to be formed limited liab | pility company |
| | Month Year | |
| Actual or Estimated Date of Incorporation or Organiz | | mated , iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii |
| urisdiction of Incorporation or Organization: (Enter | two-letter U.S. Postal Service abbreviation for State for Canada; FN for other foreign jurisdiction) | 08059521 |
| GENERAL INSTRUCTIONS | | |
| | | |
| Federal: Vho Must File: All issuers making an offering of secur (7d(6). | ities in reliance on an exemption under Regulation D | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C |
| When To File: A notice must be filed no later than 1: and Exchange Commission (SEC) on the earlier of the which it is due, on the date it was mailed by United S | date it is received by the SEC at the address given b | |
| Where To File: U.S. Securities and Exchange Comm | ission, 450 Fifth Street, N.W., Washington, D.C. 20 | 549. |
| Copies Required: Five (5) copies of this notice must photocopies of the manually signed copy or bear type | | ly signed. Any copies not manually signed must be |
| Information Required: A new filing must contain all hereto, the information requested in Part C, and any most be filed with the SEC. | | |
| Filing Fee: There is no federal filing fee. | | |
| inte: | | |
| his notice shall be used to indicate reliance on the ULOE and that have adopted this form. Issuers rely re to be, or have been made. If a state requires the eccompany this form. This notice shall be filed in this notice and must be completed. | ing on ULOE must file a separate notice with the S payment of a fee as a precondition to the claim fo | Securities Administrator in each state where sale r the exemption, a fee in the proper amount sha |
| | ATTENTION | |
| | tes will not result in a loss of the federal examples a loss of an available state exemption unle | |

| | | A. BASIC ID | ENTIFICATION DATA | | |
|--|-------------------------|------------------------------|-------------------------------|--|--|
| 2. Enter the information | requested for the fo | ollowing: | | | |
| Each promoter o | f the issuer, if the is | ssuer has been organized v | within the past five years; | | |
| Each beneficial of | wner having the pov | ver to vote or dispose, or d | irect the vote or disposition | of, 10% or more o | f a class of equity securities of the issuer |
| Each executive of | officer and director of | of corporate issuers and of | corporate general and mar | naging partners of | partnership issuers; and |
| Each general and | l managing partner (| of partnership issuers. | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first Cavan Real Estate Inve | | | | - · · · · · · · · · · · · · · · · · · · | |
| Business or Residence Add 15333 North Pima Roa | | - | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first | , if individual) | | | | |
| Business or Residence Add | ress (Number and | Street, City, State, Zip C | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first. | if individual) | | , | | |
| Business or Residence Add | ress (Number and | Street, City, State, Zip C | ode) | *** | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | ···· | · | | |
| Business or Residence Add | ress (Number and | Street, City, State, Zip Co | ode) | | · · · · · · · · · · · · · · · · · · · |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addi | ess (Number and | Street, City, State, Zip Co | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addr | ess (Number and | Street, City, State, Zip Co | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| full Name (Last name first, | if individual) | | | | |
| Business or Residence Addr | ess (Number and | Street, City, State, Zip Co | ode) | ··· · · · · · · · · · · · · · · · · · | |
| | (Use blar | nk sheet, or copy and use | additional copies of this sh | ect, as necessary) | |

| | | | | | B. 11 | NFORMAT | ION ABOU | T OFFERI | NG | | | | |
|-------------|---|--|--|---|---|---------------------------------|------------------------|----------------------|----------------------|----------------------|---|----------------------|----------------|
| ι. | Has the | issuer sole | d, or does the | he issuer ii | ntend to se | II, to non-a | ccredited i | nvestors in | this offeri | ing? | | Yes [| No ⋉ |
| | | | • | | | Appendix | | | | | | _ | _ |
| 2. | What is | the minim | um investn | nent that w | ill be acce | pted from a | ıny individ | ual? | ************* | | | \$_250 | 00.000,0 |
| 3 | Does the offering permit joint ownership of a single unit? | | | | | | | | | | | Yes | No □ |
| 4. | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an | | | | | | | | | | | _ | _ |
| | commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | |
| | ll Name (i Ivan, Dav | | first, if ind | ividual) | | | | | | | | | |
| | | | Address (N | lumber and | Street, C | ty, State, Z | ip Code) | | | | | | |
| | | | ad, Suite 30 | | | • | | | | | | _ | |
| Nai | me of Ass | sociated Bi | roker or De | aler | | | | | | | | | |
| Sta | tes in Wh | ich Persor | Listed Has | s Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| , | | | s" or check | | | | | | | | | □ Al | l States |
| | | | | | | | | | | | | HI] | [ID] |
| | AL IL | AK IN | AZ. | AR KS | CA KY | CO LA | CT ME | DE MD | DC MA | FL MI | GA MN | MS | MO |
| | MT | NE | (NV) | NH] | [N] | NM | NY | NC | ND) | OH | OK | OR | PA |
| | RÎ | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |
| Ful | ll Name (I | Last name | first, if ind | ividual) | | | | | | | | | |
| Bus | siness or | Residence | Address (| Number. an | d Street, C | ity, State, | Zip Code) | | | | | | |
| Nat | me of Ass | ociated B | oker or De | aler | | | | | | | | | |
| | | | | | | | | | | | | | |
| Sta | | | Listed Has | | | | | | | | | | |
| | (Check | "All States | (Check "All States" or check individual States) | | | | | | | | - T A 1 | States | |
| | | | | | | | | | | **************** | *************************************** | ☐ \\ | States |
| | AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | D |
| | IL | IN | IA | [KS] | KY | CO LA | CT ME | DE MD | DC MA | FL MI | GA MN | HI | ID MO |
| | IL MT | IN NE | IA NV | KS NH | KY NJ | CO LA NM | CT ME NY | DE MD NC | DC MA ND | FL MI OH | GA MN OK | HI MS OR | ID MO PA |
| | IL MT RI | NE SC | NV SD | KS NH TN | KY | CO LA | CT ME | DE MD | DC MA | FL MI | GA MN | HI | ID MO |
| Ful | IL MT RI | NE SC | IA NV | KS NH TN | KY NJ | CO LA NM | CT ME NY | DE MD NC | DC MA ND | FL MI OH | GA MN OK | HI MS OR | ID MO PA |
| | IL MT RI | IN NE SC | NV SD | KS NH TN ividual) | KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC | DC MA ND | FL MI OH | GA MN OK | HI MS OR | ID MO PA |
| Bus | IL MT RI Il Name (I | IN NE SC Last name Residence | IA NV SD first, if ind | KS NH TN ividual) | KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC | DC MA ND | FL MI OH | GA MN OK | HI MS OR | ID MO PA |
| Bus | IL MT RI I Name (I siness or me of Ass | IN NE SC SC Residence | IA NV SD first, if indi | KS NH TN ividual) Number an | KY NJ TX d Street, C | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND | FL MI OH | GA MN OK | HI MS OR | ID MO PA |
| Bus | IL MT RI I Name (I siness or me of Ass | IN NE SC SC Scatter Residence Residence Brich Person | IA NV SD first, if indi Address (N | KS NH TN ividual) Number an | KY NJ TX d Street, C | LA NM UT ity, State, 7 | CT ME NY VT Zip Code) | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | ID MO PA |
| Bus | IL MT RI I Name (I siness or me of Ass | IN NE SC SC Scatter Residence Residence Brich Person | IA NV SD first, if indi Address (Notes or Decorption Listed Has | KS NH TN ividual) Number an | KY NJ TX d Street, C | LA NM UT ity, State, 7 | CT ME NY VT Zip Code) | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |
| Bus | IL MT RI I Name (I siness or me of Ass tes in Wh | IN NE SC. Last name Residence rociated Brich Person "All States | IA NV SD first, if indi Address (Notes or Decorption or Decorption or Check I Listed Hase or check | KS NH TN ividual) Number an aler s Solicited individual | KY NJ TX d Street, C or Intends States) | LA NM UT ity, State, 2 | CT ME NY VT Zip Code) | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MÑ OK WI | HI MS OR WY | MO PA PR |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|---|----------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | s | s |
| | Equity | S | |
| | Common Preferred | | |
| | Convertible Securities (including warrants) | s | \$ |
| | Partnership Interests | | \$ |
| | Other (Specify Membership Interests) | | 750,000.00 |
| | Total | 13,000,000.00 | \$ 750,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | | | Aggregate |
| | | Number Investors | Dollar Amount of Purchases |
| | Accredited Investors | 2 | \$_750,000.00 |
| | Non-accredited Investors | <u>0 · </u> | \$_0.00 |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | N/A | \$ 0.00 |
| | Regulation A | N/A | \$ 0.00 |
| | Rule 504 | N/A | s_0.00 |
| | Total | | \$_0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | s |
| | Printing and Engraving Costs | Ø | \$_100.00 |
| | Legal Fees | | \$ 35,000.00 |
| | Accounting Fees | | \$ |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) | | s |
| | Total | Z | \$_35,100.00 |

| | C. OFFERING PRICE, NUMB | ER OF INVESTORS, EXPENSES AND USE OF | PROCEEDS | |
|-----|--|---|--|--|
| | b. Enter the difference between the aggregate offerir and total expenses furnished in response to Part C — C proceeds to the issuer." | Question 4.a. This difference is the "adjusted gro | ss | \$12,964,900.00 |
| 5. | Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part 6 | purpose is not known, furnish an estimate ar the payments listed must equal the adjusted gro | nd | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | 🔲 \$ | \$ |
| | Purchase of real estate | | 🔲 \$ | \$ |
| | Purchase, rental or leasing and installation of mach and equipment | ninery | \$ | |
| | Construction or leasing of plant buildings and facil | lities | 🔲 \$ | \$ |
| | Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger) | s or securities of another | 🗂 \$ | |
| | Repayment of indebtedness | | 🗆 \$ | _ |
| | Working capital | | 🗀 \$ | _ [] \$ |
| | Other (specify): To enter into a Loan Agreement | with Cavan Management Services, L.L.C. | \$ | \$_12,964,900.00 |
| | | | 🗆 \$ | \$ |
| | Column Totals | | 🗆 \$_0.00 | 2 \$ 12,964,900.00 |
| | Total Payments Listed (column totals added) | | 🔽 \$_1 | 2,964,900.00 |
| | | D. FEDERAL SIGNATURE | | |
| sig | e issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accre | ish to the U.S. Securities and Exchange Comm | nission, upon writte | ule 505, the following en request of its staff, |
| lss | ier (Print or Type) | Signature | Date | |
| Ca | van Short-Term Income Fund, L.L.C. | | September ${\mathcal J}$, | 2008 |
| Na | me of Signer (Print or Type) | Title of Signer (Print or Type) | <u></u> ,,,, | |
| Da | rid V. Cavan | By: Cavan Real Estate Investments, LLC, i | ts Manager | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | | E. STATE SIGNATURE | | | |
|---------|--|---|--|----------------|--------------|
| 1. | Is any party described in 17 CFR 230.26 provisions of such rule? | | Yes | No Æ | |
| | | See Appendix, Column 5, for state re | sponse. | | |
| 2. | The undersigned issuer hereby undertake D (17 CFR 239.500) at such times as re- | • | fany state in which this notice is fil | led a no | tice on Form |
| 3. | The undersigned issuer hereby undertak issuer to offerees. | es to furnish to the state administrator | s, upon written request, informati | on furn | ished by the |
| 4. | The undersigned issuer represents that the limited Offering Exemption (ULOE) of the of this exemption has the burden of esta | he state in which this notice is filed ar | d understands that the issuer clain | | |
| | er has read this notification and knows the thorized person. | contents to be true and has dury caused | this notice to be signed on its behal | f by the | undersigned |
| • | Print or Type) Short-Term Income Fund, L.L.C. | Signature | Date September 3, 2 | 800 | |
| Vame (| Print or Type) | Fitte (Print or Type) | | - | |
| David ' | V. Cavan | By: Cavan Real Estate Inves | tments, LLC, its Manager | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX ı 2 3 4 Disqualification under State ULOE Type of security intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Membership Accredited Non-Accredited Interests Investors No State Yes No Investors Amount Amount Yes AL AKΑZ 0 \$13,000,000.00 \$0.00 \$500,000.00 AR CA CO CT DE DC FL GA НІ ID IL IN lA KS ΚY LA ME MD MA М MN MS

APPENDIX 2 3 4 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell to non-accredited offering price Type of investor and explanation of amount purchased in State offered in state waiver granted) investors in State (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No МО MT NE NV NH NJ NM NY NC ND ОН OK OR PA RΙ SC SD TN TX UT VT VAWA wv WI 0 \$250,000.00 \$13,000,000.00 1 \$0.00

| | | | | APP | ENDIX | | - | | |
|-------|----------|---|--|---|--------|--|--------|--|----|
| 1 | to non-a | d to sell accredited rs in State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| PR | 1 | | | | | | | | |

